

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name	of Lobbyist(s	LAR	RY ALAN				
II. Name	e of lobbyist's	partnership, firm	or corporation, if	any:			
NATIONWIDE MUTUAL INSURANCE COMPANY AND AFFILIATES (Name of partnership, firm or corporation)							
Pe) Bex	558	(Town/City)	2RS	CT	E	16268
		·			(State)		(Zip Code)
(UD) _	748.875 (Telephone)	<u> </u>	366 <u>231·21</u> 4 (Fa	<u>SO</u> (x)	e-mail <u>ala ul A</u>) nat	ronwide, com
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).							
X All re	eportable trans	sactions occurring i	n the months prior to	o the reporting	date relative to th	e follo	wing client:
NATIONWIDE MUTUAL LUSURANCE COMPANY and AFFILIATES (Full Name of Client as it appears on the Lobbyist Registration Form)							
<u>OR</u>							
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.							
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 April 25, 2018 July 25, 2018 activity from 4/1/18 to 6/30/18							
Reports co	over: acuvi	October 31, 2018	_		uary 30, 2019		
	•	activity from 7/1/18 t	•		om 10/1/18 to 12/31	/18	
If this box	re have been ox is checked, o l, NH 03301.	no fees received complete just this fo	and no reportable	le transactio the Secretary	ns made since t of State's Office, S	he last State Ho	t report. X ouse, Room 204,
VI. Check if additional reports are attached:							
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses							
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B — Report of Honorariums or Expense Reimbursement							
☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions							
I have rea and comp	ad RSA 15, R plete to the be are of loobyist	st of my knowledge //	C and RSA 664 and		or affirm that the		ng information is true
(Print Name of lobbyist)							RECEIVED
							JAN 1 1 2019

NEW HAMPSHIRE DEPARTMENT OF STATE